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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-09-04)

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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. JUN 1 5 2006 Application Number 10/788.980 ANSMITTAL TO THE PROPERTY OF T Filing Date February 26, 2004 First Named Inventor Jon A. Warner **FORM** Art Unit 3725 **Examiner Name** Bena B. Miller (to be used for all correspondence after initial filing) Attorney Docket Number **CRV 302A** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC $|\mathsf{X}|$ Fee Transmittal Form (in duplicate) Drawing(s) (1 replacement sheet) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request (in duplicate) Request for Refund **Express Abandonment Request** CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Kolisch Hartwell, P.C.

Signature David S. D'Ascenzo

Date June 12, 2006 Reg. No. 39,952

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (12-04)
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Frademark Office: U.S. DEPARTMENT OF COMMERCE

JUN 1 5 2006

FEE TRANSMITTAL		Complete if Known			
		Application Number	10/788,980		
FEE TRANS	SMILIAL	Filing Date	February 26, 2004		
For FY 2005		First Named Inventor	Jon A. Warner		
<u> </u>		Examiner Name	Bena B. Miller		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3725		
TOTAL AMOUNT OF PAYMENT ((\$) 225.00	Attorney Docket No.	CRV 302A		
METHOD OF PAYMENT (check a	all that apply)				

TOTAL AMOUNT OF PAYME	:N1 (2)	225.00		Attorney Docket	No. Ch	RV 302A		
METHOD OF PAYMENT	(check all t	that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION					· · · · · ·			
1. BASIC FILING, SEARC Application Type	FILING F	EES mall Entity	SEAR	RCH FEES Small Entity		IATION FEES Small Entity	Fees	Paid (\$)
Utility	300	Fee (\$) 150	Fee (\$	250	Fee (\$) 200	Fee (\$)	1 000	r ara (v)
Design	200	100	100	50	130	65		
Plant	200	100	300	30 150	160	80		
Reissue	300	150	500		600			
Provisional	200			250	000	300		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (\$) Fee (\$) Fee (\$) 100 100 180								25 100
<u>Total Claims</u> <u>Ex</u> 20 - 20 or HP =	<u>ctra Claims</u> O	05.00		<u>Paid (\$)</u>).00		Dependent Claim		
HP = highest number of total clai	ims paid for, itra Claims	if greater than 20 Fee (\$) x 100.00	Fee 1	Paid (\$) 0.00	<u>Fee (\$</u>	<u>Fee Pa</u>	<u>iia (\$)</u>	
3. APPLICATION SIZE FE If the specification and de for each additional 50 Total Sheets - 100 =	rawings ex) sheets or Extra Sheet	fraction thereof	f. See		(1)(G) and r fraction 1	d 37 CFR 1.16(s)).	small entity)
4. OTHER FEE(S)							<u>F</u>	ees Paid (\$)
Non-English Specificat	-	•		,				
Other: 2-MONTH EXTENSION OF TIME FEE (small entity)							225.00	

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 39,952	Telephone (503) 224-6655
Name (Print/Type) David Ś. D'Ascenzo		Date June 12, 2006

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